AW (07.03)

|  |   |  |   |                                     | AW (07-03)                       |  |  |  |
|--|---|--|---|-------------------------------------|----------------------------------|--|--|--|
|  | RATION/   | Attorney Dock                                      | et Number: SYC-1  | 115US                               |                                  |  |  |  |
| POWER OF   | First Named In  | ventor: Carl R                                     | Carl Razza et al.                                       |                                     |                                  |  |  |  |
| FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)   |   |  | COMPLETE IF KNOWN                                       |                                     |                                  |  |  |  |
|  |   | Application Nur                                    | nber: To Be   | To Be Assigned                      |                                  |  |  |  |
| Declaration  | Declaration Submitted after initial Filing (surcharge (37 CFR 1.16 (e)) required) | Filing Date:                                       | Herew   | ith                                 |                                  |  |  |  |
| Submitted<br>With Initial  |   | Art Unit:  | To Be   | Assigned                            |                                  |  |  |  |
| Filing   |   | Examiner Name                                      | e: Herew  | ith                                 | $\overline{}$                    |  |  |  |
| I hereby declare that: Each inventor's residence, mailing il believe the inventor(s) named belt sought on the invention entitled:  NETWORKED THIN CLIENT W   | ow to be the original and first in  | nventor(s) of the subject                          |   | and for which                       | a patent is                      |  |  |  |
| NEIWORKED IHIN CLIEN) VI   | ITH DATAMENORY INTER  | FACE   |   |                                     |                                  |  |  |  |
| (Title of the Invention) the specification of which  |   |  |   |                                     |                                  |  |  |  |
|  |   |  |   |                                     |                                  |  |  |  |
| Is attached hereto   |   |  |   |                                     |                                  |  |  |  |
| OR   |   |  |   |                                     |                                  |  |  |  |
| was filed on (MM/DD/YYYY) as United States Application or PCT International Application Number   |   |  |   |                                     |                                  |  |  |  |
| and was amended on (MMDD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. |   |  |   |                                     |                                  |  |  |  |
| I acknowledge the duty to disclose applications, material information w filing date of the continuation-in-par   | hich became available betwee  |  |   |                                     |                                  |  |  |  |
| I hereby claim foreign priority benef<br>breeder's rights certificate(s), or 365<br>of America, listed below and have a<br>rights certificate(s), or any PCT inte  | 5(a) of any PCT international a<br>also identified below, by check                | application which designating the box, any foreign | ated at least one country<br>application for patent, in | y other than the<br>ventor's or pla | e United States<br>int breeder's |  |  |  |
| Prior Foreign Application<br>Number(s)   | Country   | Foreign Filing Date<br>(MM/DD/YYYY)                | Priority Not<br>Claimed                                 | Certified Co                        | opy Attached?<br>No              |  |  |  |
|  |   |  |   |                                     |                                  |  |  |  |
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|  |   |  |   |                                     |                                  |  |  |  |

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|  | <del></del>   |                     |         |                  |           |   |  |  |
|--|---|---------------------|---------|------------------|-----------|---|--|--|
| Declaration/Power Of Attorney for Utility or Design Patent Application (continued)   |   |                     |         |                  |           |   |  |  |
| I hereby appoint:  ☑ Practitioners at Customer Number 23122 or affix Customer Number Bar Code Label here  OR □ Practitioner(s) named below:  |   |                     |         |                  |           |   |  |  |
| Name   |   | Registration Number |         |                  | $\neg$    |   |  |  |
|  |   |                     |         |                  | $\neg$    |   |  |  |
|  |   |                     |         |                  |           |   |  |  |
|  |   |                     |         |                  | _         |   |  |  |
|  |   | l                   |         |                  |           |   |  |  |
| as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States<br>Patent and Trademark Office connected therewith.   |   |                     |         |                  |           |   |  |  |
| Direct all correspondence to:  | Z7  |                     |         |                  |           |   |  |  |
| Direct all correspondence to.  | Practitioners Customer I                                |                     | oove; C | ,K               | 4         | 1 |  |  |
| - 1  | Correspondence Address Below                            |                     |         |                  |           |   |  |  |
| Name:  |   |                     |         |                  |           |   |  |  |
| Address:   |   |                     |         |                  |           |   |  |  |
| City:  | State:  |                     |         | Zip:             |           |   |  |  |
| Country:   | Telephone:  |                     | - 1     | Fax:             |           |   |  |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the lik so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |   |                     |         |                  |           |   |  |  |
| Name of Sole or First Inve   | ☐ A Petition has been filed for this unsigned inventor. |                     |         |                  |           |   |  |  |
| Given Name (first and r  | Family Name or Surname                                  |                     |         |                  |           |   |  |  |
| Carl   | Razza   |                     |         |                  |           |   |  |  |
| Inventor's Signature Date: 3/25/03   |   |                     |         |                  | _         |   |  |  |
| Residence: City: Flemington  | State: NJ   | Country: USA CI     |         | Citizenship: USA |           |   |  |  |
| Mailing Address: 9 Hoagland Road   |   |                     |         |                  |           |   |  |  |
| Mailing Address:   |   |                     |         |                  |           |   |  |  |
| City: Flemington   | State: NJ   | Zip: 08822          |         | Cour             | ntry: USA |   |  |  |
| Additional Inventors are listed on the next page.  |   |                     |         |                  |           |   |  |  |

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## Declaration/Power Of Attorney for Utility or Design Patent Application (continued)

| Name of Second Inventor:                                  |           | A Petition has been filed for this unsigned inventor. |                      |  |  |  |  |
|---|-----------|---|----------------------|--|--|--|--|
| Given Name (first and middle (if any))                    |           | Family Name or Surname                                |                      |  |  |  |  |
| Israel  | ٨١        | Amir  |                      |  |  |  |  |
| Inventor's Signature                                      | MM A      |   | Date: <u>8/25/03</u> |  |  |  |  |
| Residence: City: Princeton                                | State: NJ | Country: USA  | Citizenship: USA     |  |  |  |  |
| Mailing Address: 32 Flerning Way                          |           |   |                      |  |  |  |  |
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| City: Princeton   | State: NJ | Zip: 08540  | Country: USA         |  |  |  |  |
| Name of Third Inventor:                                   |           | A Petition has been filed for this unsigned inventor. |                      |  |  |  |  |
| Given Name (first and middle (                            | (if any)) | Family Name or Surname                                |                      |  |  |  |  |
|   |           |   |                      |  |  |  |  |
| Inventor's Signature                                      |           |   | Date:                |  |  |  |  |
| Residence: City:  | State:    | Country:  | Citizenship:         |  |  |  |  |
| Mailing Address:  |           |   |                      |  |  |  |  |
| Mailing Address:  |           |   |                      |  |  |  |  |
| City:   | State:    | Zip:  | Country:             |  |  |  |  |
| Name of Fourth Inventor:                                  |           | A Petition has been filed for this unsigned inventor. |                      |  |  |  |  |
| Given Name (first and middle (                            | (if any)) | Family Name or Surname                                |                      |  |  |  |  |
|   |           |   |                      |  |  |  |  |
| Inventor's Signature                                      |           |   | Date:                |  |  |  |  |
| Residence: City:  | State:    | Country:  | Citizenship:         |  |  |  |  |
| Malling Address:  |           |   |                      |  |  |  |  |
| Mailing Address:  |           |   |                      |  |  |  |  |
| City:   | State:    | Zip: Country:   |                      |  |  |  |  |
| Additional inventors are listed on Supplemental Sheet(s). |           |   |                      |  |  |  |  |